

Consumer Driven Health Plans (CDHPs) Insider's Guide

Effective January 1, 2019

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CDHP overview

The two Consumer Driven
Health Plan (CDHP) medical
options are HP's primary
medical options. Find out how
HP's CDHPs work and how
they could work for you.

Get smart with the CDHP Insider's Guide

This guide will help you understand your CDHP medical options and make the most of your coverage. You'll find tips to help save you money, answers to some common questions, and links to additional resources.

Get more out of your medical coverage all year

After you review this CDHP Insider's Guide, check out your CDHP medical carrier's website from MyHPBenefits for more personalized information and tools you can use to make smart choices when you and your family need medical care.

Important to know: HP's CDHPs are not Health Savings Account (HSA)-compatible, which means that you aren't allowed to contribute to an HSA while enrolled in one of HP's CDHPs. However, when you enroll in a CDHP, HP funds a Health Reimbursement Account (HRA) to help you pay for eligible health care expenses. Read more about the HRA on pages 10 and 15.





How the CDHP w/HRA works

You and HP share the cost of care

HP funds
your Health
Reimbursement
Account (HRA)
and covers most
in-network
preventive
care at 100%.

When you incur an eligible expense (e.g., visiting your doctor or filling a prescription), you can pay with your HRA funds.

Note that prescription drugs have their own limits, so you continue to pay your share of prescription drug expenses until you reach the prescription drug out-of-pocket maximum.

You'll be enrolled in automatic reimbursement, but you can request a debit card, if you don't already have one. The plan administrator Your Spending Account™ (YSA) will send you information about that option in December.

Then, you pay the difference between your HRA amount and the annual deductible before HP begins to pay.



Once you meet the annual deductible,

HP pays its share of eligible in-network expenses, and you pay the rest through coinsurance.



Once you reach the out-of-pocket

maximum, HP pays 100% of most eligible in-network expenses for the rest of the year.



Didn't use all of your HRA funds?

Any unused HRA funds will roll over to next year if you remain enrolled in an HP CDHP.



Want to reduce your portion of health care costs?

See CDHP tips to help you save money.

CDHP tips to help you save money

1

Get in-network preventive care at no cost to you

HP helps you to stay well and save money by paying 100% of the cost of covered preventive care—including screenings and annual checkups—as long as you use in-network doctors. This means you don't have to touch your HRA when you get in-network preventive care. You and your covered family members can get routine physical exams at no cost to you, as well as recommended screenings (like mammograms and colonoscopies), blood tests, and immunizations. Just make sure your provider is in the network and codes your visit as preventive.

Always check your bills and statements carefully to confirm your preventive services were coded correctly. Match the services and costs to your explanation of benefits (EOB) from your medical carrier. This is your double-check to ensure you're not getting charged for something you shouldn't. Need help? See Use your resources.

Note that screenings that result in a medical diagnosis may be coded as diagnostic rather than preventive care, which means you may share in a portion of the cost, assuming you have not reached your out-of-pocket maximum for the year.

See more tips



\$

Earn an extra \$100

As a participant in an HP CDHP medical option, you're eligible to earn an extra \$100 that will be contributed to your HRA if you get one of these eligible in-network preventive cancer screenings, as available based on age and gender criteria specified by your medical carrier (Aetna, Anthem BlueCross BlueShield, Cigna, or UnitedHealthcare):

- Mammogram
- Pap test
- Sigmoidoscopy
- Prostate-specific antigen (PSA) test
- Colonoscopy

Your HRA administered by Your Spending Account (YSA) will automatically be credited the quarter after you complete your screening. If you have any questions, please **contact your medical carrier**.

2

Stay in the network

Use in-network providers as much as possible. When you stay in-network, you'll pay 20% of the negotiated rate for most office visits and 10% of the cost of hospitalizations once you've met your deductible (HP picks up the rest of the tab). Your costs are higher if you go out-of-network. To learn how to find an in-network provider, see **Use your resources**.

If you need mental health or substance use disorder services, confirm your provider is an Optum network provider. See **Use your resources** for Optum's contact information.

See more tips





3

Aetna, Cigna, and UnitedHealthcare members—use high-performing specialists

Do what's good for your health and your wallet by using high-performing specialists.

These highly rated in-network providers have been selected by Aetna, Cigna, and/or UnitedHealthcare because they have met the strict guidelines of clinical quality and cost-efficiency. Here's how it works:

- If you use a high-performing specialist, you'll pay the usual 20% in-network specialist office visit copayment or coinsurance amount after the deductible.
- If a high-performing specialist is available in your area and you choose to see a non-high-performing in-network provider instead, you'll pay an additional 10% coinsurance.
- To find out if you're in a high-performing network service area, contact **Aetna**, **Cigna**, **or UnitedHealthcare**. (High-performing specialists aren't available in California and certain other areas.) Or, when searching online, look for:
- Aetna: Aexcel Specialists (designated with a blue star)
- Cigna: Cigna Care Designation (CCD)UnitedHealthcare: Tier 1 designation



HRA or FSA

When you have an eligible medical expense, your HRA pays first. After you use up your HRA funds, you can use your Health Care Flexible Spending Account (FSA) (if you participate) to pay for eligible medical expenses (as well as any out-of-pocket dental and vision expenses). Unlike the HRA, which you keep if you re-enroll in the CDHP next year, you lose any Flexible Spending Account funds in excess of \$500 that you don't use by the end of the year.

See more tips



4

Talk things over with your doctor

Most people wouldn't think twice about negotiating with a salesperson over the price of a car or shopping around for the lowest price on airfare. They're not as likely to discuss the cost of health care services with their providers.

You can change the game by talking with your doctor, hospital, or other provider about the cost of each service—and what your options are. You may be surprised by how much you can save just by asking questions and discussing the cost of services with your provider up front. In some cases, your provider may even come up with additional options for you to consider if he or she knows you're interested.

If a price seems high or a doctor's suggestion seems unnecessary, ask about it. Wondering where to start researching quality and cost information? See **Use your resources**.

See more tips



It's OK to talk with your doctor about money

You can be direct with your doctor—you won't be the first. Ask about other options: surgery vs. physical therapy, brand-name vs. generic drugs, etc. Together, you can create a plan that fits your health needs and your budget.



Throughout the year, you can use the expense estimator tools on your medical carrier's website to get real time cost estimates based on your coverage, your coinsurance and copayment amounts, and how much of your deductible you've met. Give it a try! See Use your resources.



5

Read your bills

You check your restaurant bill. Why not check your doctor's bills to make sure they are accurate? Sometimes, mistakes happen. You should also review your claim summary (also called an explanation of benefits, or EOB) after you receive a service to confirm the service is described accurately, billed accurately, and paid accurately by your medical carrier. See **Use your resources** if you need help understanding your bills or an EOB.

7

Confused by some new terms?

See Terms to know

6

Don't delay getting care when you need it

Yes, a big bonus of the CDHP is that you get money in your HRA that you can roll over from year to year, as long as you stay in an HP CDHP (there's no "use it or lose it" feature to worry about). But don't avoid getting the care you need just to save for the future. Take care of yourself now by preventing and managing conditions. If you're not taking care of yourself now, you might end up spending more down the road.



Need a quick refresher on how your HRA dollars roll over? Get back to basics:

How the CDHP w/HRA works



Terms to know

Need a reminder of what some of these terms mean? This list should help.

CDHP: Consumer Driven Health Plan

The CDHP medical options have a higher deductible than other HP medical options, but they also include an HP-funded Health Reimbursement Account (HRA) to help pay your out-of-pocket expenses during the year.

HRA: Health Reimbursement Account

HP alone contributes to your HRA—you do not contribute any money to it. For 2019, HP will contribute \$500 if you have coverage for you only, or \$1,000 if you're also covering family members. When you incur an eligible medical expense, you can use your HRA to cover those costs. (If you are also enrolled in the Health Care Flexible Spending Account, the HRA pays eligible expenses first and the Health Care Flexible Spending Account pays second.)

There are two ways to access your HRA funds: through auto-reimbursement, which is the default method, or using a debit card from YSA, our HRA administrator. If you don't already have a debit card, you may request one from YSA. More information on that option will be provided to you in December.

Note that if you don't use all of the funds in your HRA by December 31 and you elect to participate in a CDHP again the following year, the balance in your HRA will roll over automatically for the next year. Keep in mind that if you enroll in a CDHP medical option outside of annual enrollment during the year, your HRA amount will be prorated.

Deductible

The annual deductible is the amount you pay out-of-pocket each year before HP starts to pay benefits for most services. HP's CDHP medical options include both in-network and out-of-network deductibles.

Coinsurance

This is the percentage you pay for covered services and supplies (for example, 10% of an in-network hospital stay or 20% of a primary care office visit). Because you're paying a percentage, your costs vary with the underlying costs of the service. So it can really pay off to find out ahead of time how much things will cost.

Out-of-pocket maximum

This is the total amount you pay for most covered services during the year, including the deductible and coinsurance costs. There are separate out-of-pocket maximums for medical and prescription drug expenses. Claims for mental health and substance use disorder services apply to your medical option's out-of-pocket maximum. Once you reach an annual out-of-pocket maximum, HP pays 100% of most covered expenses for the rest of the plan year. A separate out-of-pocket maximum will apply for out-of-network care.

Health Care Flexible Spending Account

You enroll separately in the Health Care Flexible Spending Account and get reimbursed from your account on a tax-free basis for eligible health care expenses, including any deductibles and coinsurance expenses that exceed your HRA balance. (The HRA pays eligible expenses first, and the Health Care Flexible Spending Account pays second.) Unlike the HRA, you lose any Flexible Spending Account funds in excess of \$500 that you don't use by the end of the year.



Q&A

Got questions about how your CDHP w/HRA works? Start here! Or, see all questions and answers here.

Don't see your question here? Call your medical carrier.

How does the annual deductible work?

Which expenses are subject to the annual deductible? Which ones aren't?

How much money is in my HRA?

Do I have to wait to use my HRA until I've met my annual deductible?

Do I have to manually submit expenses to my HRA?

What's my share of the cost for preventive care?

How can I find out the specifics about how care is covered?

How are prescription drugs and mental health and substance use disorder services covered?

What happens when I reach my out-of-pocket maximum?

What medical expenses can I pay from my HRA?

Do I have to use up my HRA balance each year?



How does the annual deductible work?

If you elected the Standard CDHP w/HRA during annual enrollment, you have a \$1,800 individual in-network annual deductible to meet (\$5,400 for families). If you elected the Premium CDHP w/ HRA, you have a \$1,300 individual in-network annual deductible to meet (\$3,900 for families). After you meet your deductible, you and HP share the cost of coverage you receive throughout the year. Keep in mind that your CDHP includes an HP-funded HRA to help pay your out-of-pocket expenses during the year, including the annual deductible. Also remember that there is a separate annual deductible for out-of-network care.

Which expenses are subject to the annual deductible? Which ones aren't?

- All doctor, hospital, lab and X-ray, and out-of-network preventive care expenses are subject to the annual in-network or out-of-network deductible.
- In-network preventive care, prescription drug, and mental health and substance use disorder expenses aren't subject to the annual deductible.

How much money is in my HRA?

It depends on whether you're covering eligible dependents. HP funds your HRA with \$500 if you have coverage for you only or \$1,000 if you're also covering family members. You're eligible to receive an extra \$100 in your HRA if you get an eligible **in-network preventive cancer screening**, based on age and gender criteria specified by your medical carrier. You may also have additional funds in your HRA if you have an unused balance in your HRA at the end of the year that rolls over to the next year, as long as you enroll in a CDHP medical option again.

Keep in mind that if you enroll in a CDHP medical option during the year, your HRA amount will be prorated.

You can check your HRA balance by accessing the Your Spending Account (YSA) website from MyHPBenefits or by downloading the Reimburse Me app.

Find contact information.

See more Q&As



Do I have to wait to use my HRA until I've met my annual deductible?

No, you don't have to meet your annual deductible first. You can start using your HRA funds right away to pay for expenses, including ones that count toward your deductible. Your expenses will automatically be paid from your HRA unless you've elected to use a YSA debit card. Keep in mind that most eligible in-network preventive care services are generally covered at 100%, so these won't reduce your HRA balance.

Do I have to manually submit expenses to my HRA?

In most cases, no. Your expenses will automatically be paid from your HRA unless you've elected to use a YSA debit card. If your provider or retailer doesn't accept the YSA card, you can always pay the expense yourself and file a claim for reimbursement via the Reimburse Me app or the Your Spending Account (YSA) website.

What's my share of the cost for preventive care?

In-network preventive care is 100% covered by your CDHP, so you—and your HRA—pay nothing. If you receive out-of-network preventive care, you'll pay 50% of the cost after you meet the annual deductible.

See more Q&As



How can I find out the specifics about how care is covered?

You can find medical option details by accessing MyHPBenefits or by calling your medical carrier.

How are prescription drugs and mental health and substance use disorder services covered?

Prescription drugs are covered separately through the Prescription Drug Program administered by Express Scripts. Mental health and substance use disorder expenses are covered separately through the Mental Health and Substance Use Disorder Program administered by Optum.* If you continue your enrollment in auto-reimbursement, your share of prescription drug and mental health and substance use disorder expenses will automatically be paid from your HRA. If you want a debit card and don't already have one, YSA will send you information on that option in December.

What happens when I reach my out-of-pocket maximum?

If your medical costs (including claims for mental health and substance use disorder services) or prescription drug costs reach your out-of-pocket maximum, for the respective benefit HP will pick up 100% of the cost of most covered expenses for the rest of the calendar year. Separate out-of-pocket maximums apply for in-network services and out-of-network services.

* In California these services are provided by OptumHealth Behavioral Solutions of California.

See more Q&As





What medical expenses can I pay from my HRA?

Generally, the HRA is available to cover only expenses covered under the CDHP medical options, the Prescription Drug Program, or the Mental Health and Substance Use Disorder Program. These include:

- Any expenses you'd normally pay for services covered under the CDHP, such as deductibles, copayments, and coinsurance amounts.
- Your share of covered prescription drug expenses, such as copayments and coinsurance amounts. Over-the-counter (OTC) medications aren't covered under the Prescription Drug Program, so they can't be reimbursed from the HRA.
- Your share of covered mental health and substance use disorder expenses, such as copayments and coinsurance amounts.

Do I have to use up my HRA balance each year?

If you don't use all the funds in your HRA by year-end, the balance rolls over to your account for the next year. You don't have to "use it or lose it" as long as you continue to participate in an HP CDHP. (When you stop participating in an HP CDHP, you'll lose your balance, even if you decide to participate again in the future.) If you use all of your HRA funds during the year, you'll then need to satisfy any coinsurance or remaining portion of the annual deductible.





Examples: What happens when you need care

These examples help explain how the CDHP works, depending on the kind of care you get, the coverage you selected, and the people you cover.



Example 1: Patrick
When you have basic medical expenses
(including prescription drugs)



Example 2: Alex When you need hospital care



Example 3: Rebecca
When you get lab or X-ray services



Example 1: Patrick

When you have basic medical expenses (including prescription drugs)

Patrick's HRA covers \$213 in expenses in 2019 (\$150 in medical expenses and \$63 in prescription drug expenses), which leaves him with \$287 to roll over if he enrolls in an HP CDHP for 2020. Patrick uses his Health Care Flexible Spending Account to reimburse himself for other out-of-pocket expenses in 2019 (primarily vision expenses).

Patrick's medical expenses during the year	How Patrick's CDHP, HRA, and Health Care Flexible Spending Account cover his expenses
An in-network preventive screening (actual cost: \$200)	• Preventive care is 100% covered by his CDHP, so Patrick pays nothing.
Two non-preventive in-network doctor's office visits (actual cost: \$75 each, \$150 total)	 Patrick hasn't met his deductible yet, so he pays the \$150 cost from his HRA as soon as his doctor submits the claim. This expense applies to his deductible and reduces his HRA balance by \$150.
One Tier 1 prescription (actual cost: \$25)	• Tier 1 prescription drugs are covered with a \$10 copay; so Patrick pays the \$10 from his HRA and reduces his HRA balance by \$10.
One Tier 3 prescription (actual cost: \$133)	• Tier 3 prescription drugs are covered at 60%; so Patrick pays the \$53 from his HRA and reduces his HRA balance by \$53 (\$133 x 40% = \$53).
Other out-of-pocket health care expenses	 Patrick uses his Health Care Flexible Spending Account to reimburse himself \$300 for out-of-pocket vision expenses, including new frames and lenses.



- Patrick is single and healthy.
- He rarely gets sick and has few medical expenses each year.
- During annual enrollment, Patrick enrolled in "You Only" coverage.
- He chose the Premium CDHP w/HRA.
- He also elected to contribute \$300 to a Health Care Flexible Spending Account.

Next example



Example 2: Alex

When you need hospital care

Alex's HRA covers \$1,000 in expenses for 2019. He won't have an HRA balance to roll over if he chooses an HP CDHP in 2020. Alex uses his Health Care Flexible Spending Account to reimburse himself for his out-of-pocket expenses (including \$920 in medical expenses related to Jessica's hospital stay).

Alex's medical expenses during the year	How Alex's CDHP, HRA, and Health Care Flexible Spending Account cover his expenses
Three in-network preventive screenings (actual cost: \$200 each, \$600 total)	• Preventive care is 100% covered by his CDHP, so Alex pays nothing.
Alex—Two non-preventive in-network office visits (actual cost: \$75 each, \$150 total)	 Alex hasn't met his deductible yet, so he pays the \$150 cost of the office visits from his HRA. These expenses apply to his deductible and reduce the family's HRA balance by \$150.
Jessica—Three in-network prenatal office visits (actual cost: \$75 each, \$225 total)	• Routine prenatal care is 100% covered by their CDHP, so Jessica pays nothing.
Jessica—One in-network inpatient hospital stay (actual cost: \$6,000)	 HP pays 90% after Jessica meets her deductible. Of the \$6,000 total cost, Alex will owe \$1,300 to complete Jessica's deductible and 10% of the remaining \$4,700 (\$470). Of this \$1,770 total, Alex will pay \$850 from the remainder of the family's HRA balance. He then submits a claim for reimbursement of \$920 from his Health Care Flexible Spending Account.
One in-network well-baby exam (actual cost: \$200)	• Preventive care is 100% covered by his CDHP, so Alex pays nothing.



- Alex is married and covering his wife and child.
- He has borderline high blood pressure that his doctor is monitoring. His wife, Jessica, is having a baby in 2019.
- During annual enrollment, Alex enrolled in "You + Family" coverage.
- He elected the Premium CDHP w/HRA.
- Alex also elected to contribute \$950 to a Health Care Flexible Spending Account.

Next example



Example 3: Rebecca

When you get lab or X-ray services

Rebecca's HRA covers \$350 in expenses for 2019. Rebecca will have an HRA balance of \$150 to roll over if she chooses an HP CDHP in 2020. Rebecca uses her Health Care Flexible Spending Account to reimburse herself for other out-of-pocket expenses in 2019 (primarily dental expenses).

Rebecca's medical expenses during the year	How Rebecca's CDHP, HRA, and Health Care Flexible Spending Account cover her expenses
One in-network preventive screening (actual cost: \$200)	• Preventive care is 100% covered by her CDHP, so Rebecca pays nothing.
One non-preventive in-network high-performing specialist office visit (actual cost: \$150)	 Rebecca hasn't met her deductible yet, so she pays the \$150 cost of the office visit from her HRA. This expense applies to her deductible and reduces her HRA balance by \$150.
One in-network set of back X-rays (actual cost: \$200)	 Rebecca hasn't met her deductible yet, so she pays the \$200 cost of the X-rays from her HRA. This expense applies to her deductible and reduces her HRA balance by \$200.
Other out-of-pocket health care expenses	Rebecca uses her Health Care Flexible Spending Account to reimburse herself \$500 for out-of-pocket dental expenses, including a root canal.



- Rebecca is single and in good health.
- However, she has recurring back pain and will need care for it during the year.
- During annual enrollment, Rebecca enrolled in "You Only" coverage and chose the Standard CDHP w/HRA.
- She also elected to contribute \$500 to a Health Care Flexible Spending Account.



Use your resources

Need help making the most of your CDHP? Check out the resources below.

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Need to contact your medical carrier or another benefit vendor?

You can also access your CDHP medical carrier's website and all your personal benefit providers by accessing MyHPBenefits.

Find your answer		
Aetna	aetna.com or 1-800-545-5810	
Anthem BlueCross BlueShield	anthem.com/ca or 1-800-364-3301	
Cigna	cigna.com or 1-800-244-6224	
UnitedHealthcare	myuhc.com or 1-877-468-1029	
Express Scripts (prescription drug program)	·	
Optum* (mental health and substance use disorder)	liveandworkwell.com or 1-877-862-1158 (enter access code HP in the "Enter anonymously" tile). You'll need to sign in to your own account to access personal information.	
* In California, these services are provided by OptumHealth Behavioral Services of California.		

Need to view your HRA balance or submit a claim?

Access the Your Spending Account (YSA) website from MyHPBenefits, call YSA at 1-800-890-3100, or download the Reimburse Me app.

YSA Reimburse Me app

The YSA Reimburse Me mobile app makes it easy to manage your Health Reimbursement Account and Flexible Spending Account (if you have one) right from your Apple or Android device. With this app, you can view time-sensitive alerts, check your account balance, and submit claims and/or documentation. For more information, refer to the Participant Guide on the Your Spending Account (YSA) website, accessible from MyHPBenefits. On the YSA landing page, select "Knowledge Center" from the "Take Action" navigation on the right.



Use your resources (continued)

Got a question?	Find your answer	
Need to submit an HRA or FSA claim for reimbursement?	Submit claims online through the Your Spending Account (YSA) website, accessible from MyHPBenefits or the YSA Reimburse Me app.	
Found a mistake on your bill or EOB?	 Call the number on your medical ID card. Call the billing department of your doctor or hospital. If still not resolved, see "Have a disputed claim?" below. 	
Have a disputed claim?	First, try to get the issue fixed with your medical carrier. If still unresolved, contact the Advocacy Team at the HP Benefits Center at 1-800-890-3100.	
Need to know what to do after you go to the emergency room?	Call your medical carrier within 48 hours to let them know about this claim. (Get contact information.)	
Lost your ID card?	Visit your medical carrier's website to print a temporary card, or call the medical carrier. (Get contact information.)	
Have questions about Flexible Spending Account or HRA claims?	Contact Your Spending Account through MyHPBenefits or by calling 1-800-890-3100.	



Use your resources (continued)

Got a question?

Need to find in-network providers?

You can also access your CDHP medical carrier's website and all your personal benefit providers by accessing MyHPBenefits.

See more resources

Find your answer

Use the provider look-up tools on MyHPBenefits or contact your medical carrier directly:

Aetna: Visit aetna.com

Click the "Find a Doctor" link. To search without logging in, select "Plan from an employer" to go to DocFind. After you enter your search criteria, in the "Select a Plan" drop-down menu, choose the "Aetna Choice POS II (Open Access)" option found under "Aetna Open Access Plans" (this is the network that applies to HP CDHP medical options). Or select "Aexcel Choice POS II" under "Aexcel" if you're in an Aexcel high-performing specialist area. (Look for Aexcel Specialists, designated with a blue star.) You can also contact Aetna at 1-800-545-5810.

Anthem BlueCross BlueShield: Visit anthem.com/ca

Click the "Menu" link, and click "Find a Doctor" under "Care." Click "Continue" under "Search as a Guest." Choose "Through my employer," then choose your state, and then choose "Medical." Under "Select a plan/network," click "National PPO (BlueCard PPO)." You can also contact Anthem BlueCross BlueShield at 1-800-364-3301.

Cigna: Visit cigna.com

Click the "Find a Doctor" button, and then click "Plans through your employer or school." Enter your location and, under "Select a Plan," choose "Medical," then "Open Access Plus, OA Plus, Choice Fund OA Plus." Look for the Cigna Care Designation (CCD) under Quality Ratings & Recognitions if you're in a high-performing specialist area. You can also contact Cigna at 1-800-244-6224.

UnitedHealthcare. If you're currently enrolled in a UHC medical option, visit **myuhc.com** and click "Find Physician, Laboratory or Facility," "All UnitedHealthcare Plans," and then "Choice Plus." If you're not yet participating in a UHC medical option, visit **www.welcometouhc.com/hp** and click "Find a Doctor" and select the CDHP option that you are interested in to search participating doctors and hospitals. To find a high-performing specialist, look for the designation. You can also contact UnitedHealthcare at 1-877-468-1029.

Optum* (mental health and substance use disorder). Visit **liveandworkwell.com** or 1-877-862-1158 (enter access code HP in the "Enter anonymously" tile).

* In California these services are provided by OptumHealth Behavioral Solutions of California.



Use your resources (continued)

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Looking for a high-performing specialist?

You can also access your CDHP medical carrier's website and all your personal benefit providers by accessing MyHPBenefits.

Looking for provider cost and quality information?

Looking for coverage information?

Can't find what you need?

Find your answer

To find out if you're in a high-performing network service area, contact:

Aetna: 1-800-545-5810Cigna: 1-800-244-6224

• UnitedHealthcare: 1-877-468-1029

To find a high-performing specialist near you, contact Aetna, Cigna, or UnitedHealthcare (at the phone numbers listed above) or find this information on their websites by following the instructions on page 22.

Visit your medical carrier's website.

(Get contact information.)

View medical option details on MyHPBenefits, call your medical carrier, or visit their website.

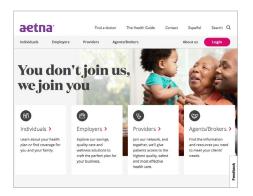
(Get contact information.)

Call the HP Benefits Center at 1-800-890-3100.



Just for you

Our CDHP medical carriers—Aetna, Anthem BlueCross BlueShield, Cigna, and UnitedHealthcare—also offer these special resources. You can link to your carrier's materials below, or get there from MyHPBenefits. Check them out!









Aetna

Log on to aetna.com. You'll find information and resources for all Aetna members, from wellness programs to interactive tools and tips to help you live healthy and spend wisely. For mobile access, download the Aetna Mobile app.

Anthem BlueCross BlueShield

Visit anthem.com/ca. You'll find resources for all Anthem BlueCross BlueShield members, information about special wellness and discount programs, a health video library, and more. Then go mobile with the Anthem Anywhere app.

Cigna

Go to myCigna at cigna.com. You'll find a personalized and secure online account tool where you can review coverage, track claims and payments, and sign up to receive a quarterly health statement. For on-the-go access, download the myCigna mobile app.

UnitedHealthcare

Check out myuhc.com. You'll find information and resources—like the Health4Me app—for all UnitedHealthcare members, information about special wellness and discount programs, a treatment cost calculator, and more.







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Your Spending Account is a trademark of Alight Solutions LLC.

October 2018

